

MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 811, JEFFERSON CITY, MO 65105-0811
(573) 751-7163 TDD 1-800-735-2966
EXPORT OF STAMPED CIGARETTES REPORT
SCHEDULE E

FORM

783

(REV. 4-2000)

MONTH OF

, 20

LICENSE NUMBER

WHOLESALE NAME

ADDRESS

CIGARETTES TRANSFERRED FROM MISSOURI INTO (CONSIGNEE STATE OR COUNTRY)

INSTRUCTIONS:

1. Complete (in triplicate) Form 783 for each state.
2. Attach original and duplicate to the Consolidated Monthly Cigarette Tax Report (Form 265-20 and/or Form 265-25). Retain third copy for your file.

NOTE: CSR 10-16.150(3) — A licensed cigarette wholesaler may possess packages of cigarettes designated for export if a tax stamp or meter impression required by another state is affixed to such packages of cigarettes and such packages are stored separately and distinct from Missouri tax stamped cigarettes.

DATE	INVOICE NUMBER	TO WHOM SOLD OR TRANSFERRED (NAME, STREET ADDRESS, CITY, STATE)	NUMBER OF PACKAGES OF CIGARETTES – 25s	NUMBER OF PACKAGES OF CIGARETTES – 20s
Enter total here and on Line 14 of Form 265-20 and/or Form 265-25 or if necessary continue on reverse side of this form.				

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Enter total from Form 783, Page 1				
Enter total here and on Line 14 of Form 265-20 and/or Form 265-25				